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GOLD STAR MONITORING TOOLS

WHAT'S NEW?

This resource document has been developed by MeckLINK Behavioral Healthcare to help providers identify items on the Gold Star Monitoring Tool that have not been monitored by the LME/MCO in past reviews (prior to March 1, 2013). Providers are strongly encouraged to review each of the Gold Star Monitoring Tools in its entirety to ensure that they are familiar with the tools and the review guidelines that the LME/MCO will use to evaluate each question during monitoring reviews.

In addition to this document, MeckLINK Behavioral Healthcare provides the following resources on our website to help providers remain up to date:

- Provider Hot Sheets
- Provider InfoShare Meetings
- Provider Operations Manual
- Provider Training Information

Personnel Review Tool Guidelines

4. Review Item: Medical evaluation per policy.

Review Guidelines: Review the agency's policies and procedures for obtaining medical clearance on its employees and review employee's record for compliance to agency policy. Review employee personnel files for medical statements, physicals, TB tests, and any other infectious disease testing required per agency policy and procedure.

Note: It is not necessary for reviewers to see actual test results but rather to confirm that the testing/evaluation was done as required by the service definition or agency policy. The designated representative assisting with the review can attest to whether the testing was completed.

5. Review Item: Sleep time agreement for overnight employees. Best practice.

Review Guidelines: If employee remains overnight at a facility, there is a sleep time agreement in place if such provisions are allowed per Clinical Coverage Policy. Review the employee personnel file for sleep time agreement. The agreement should contain the hours that the employee will be paid for as well as sleep hours not to be paid. The agreement contains provisions that if the employee is required to be awake for the duration of their shift, that the employee will be paid for the entire time on duty.

6. Review Item: There is a training curriculum/system/competency for implementing review items 7-20. 10A NCAC 27G .0202, .0209; 10A NCAC 13G .0406; 10A NCAC 27D .0101; 10A NCAC 26B .0108; 10A NCAC 27E .0105, .0107.

Review Guidelines: Review provider's training curriculum, system, and procedures related to implementing staff training and competencies in items 7 -20 of this review tool. Review provider's policy & procedures related to training for areas of frequency of updates, acceptance of outside trainings, timelines for completion, and other trainings required to ensure consistency with procedures.

Items 7 – 20 are regarding:

- a. Organization Orientation
- b. Client Rights
- c. Medication Administration
- d. Diagnosis/ Other Specific Population Served (MR, MI, SA, medical issues)
- e. Infectious/Communicable Diseases
- f. CPR/ First Aid/ Seizure Management
- g. PCP/Treatment Habilitation Plan includes goals and strategies
- h. Emergency Procedures
- i. Confidentiality/HIPPA
- j. Incident Reporting
- k. Protective Devices Usage
- l. Cultural Diversity/Awareness
- m. Service Definitions
- n. Training on Alternative Restrictive Interventions

9. Review Item: Medication administration. 10A NCAC 27G .0209 (c) (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare & administer medications.

Review Guidelines: Review employee personnel files for documentation to support completion of medication administration training.

10. Review Item: Diagnosis/other specific population served (MR, MI, SA, medical issues). 10A NCAC 27G .0202 (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan.

Review Guidelines: Review employee personnel files for documentation to support completion of diagnosis/other specific population served training, and that the training is consistent with the needs of the individual as specified in his or her current service plan.

21. Review Item: Documentation of attendance at staff meetings.

Review Guidelines: Review staff meeting minutes and/or attendance logs.

23. Review Item: Evaluations are completed to include feedback on job skills, strengths and needs.

Review Guidelines: Review employee personnel files for documentation to support the completion of performance evaluations. Employee has received and signed employee evaluations as required by agency's policy and procedure.

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Record Review Guidelines

4. **Review Item:** Consents are obtained for medication that is known to have potential side effects. 10A NCAC 27D .0303 INFORMED CONSENT (a) Each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about: (1) the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and (2) the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months. (b) A consent required in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs: (1) Antabuse; and (2) Depo-Provera when used for non-FDA approved uses (c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility. (d) Documentation of informed consent shall be placed in the client's record.

Review Guideline: Review medical records for documentation that individual/LRP has been informed of medication that is known to have potential side effects. Review client rights documentation. Are medication consents present in record when applicable? *Note: This is applicable to providers who have physicians or nurses who prescribe medications.*

7. **Review Item:** Medical examination is included in service record. Identifies ability to participate in program, and physician's directions regarding management of individual's medical condition(s). APSM 45-2 Chapter 7.

Review Guidelines: Review medical records to ensure that medical examination is present as applicable per service provided. This is for residential services.

Rights Notification and Funds Management Guidelines

4. **Note:** While 10A NCAC 27D .0201 (b) mentions the *Governor's Advocacy Council for Persons with Disabilities (GACPD)*; they are now referred to as *Disability Rights North Carolina*. **Please make this change on all new forms and communications to consumers.**

50. **Review Item:** Documentation is present providing agency consent to manage an individual's funds. 10A NCAC 27F .0105 (d)(c) I

Review Guidelines: Review the agency's policy and procedures and the consent for funds management. *Note: If a provider is receiving any funds outside of treatment costs and room and board cost for a consumer, they are required to meet this standard.*

Medication Review Tool Guidelines

Providers that store and administer medication is strongly encouraged to review all items in the Medication Review Check Sheet and Guidelines to ensure that you are aware of the information that will need to be available during the monitoring review. Please see below for new monitoring items by the LME/MCO from this tool.

5. **Review Item:** The agency maintains a record of the disposal of controlled and non-controlled substances which includes: the individual's name, medication name, strength of drug, quantity of drug, disposal date, method of disposal, signature of staff disposing of medications, and signature of witness. 10A NCAC 27G .0209 (d)(1-4) A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances

Act. <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=90>.

Review Guidelines: Review medical disposal records for all medications disposed to ensure required items are present. **Note:** *Provider will need to keep a record of the disposal of controlled and non-controlled substances.*

9. **Review Item:** Each medication, including PRN and non-prescription over-the-counter meds, has a corresponding physician order. 10A NCAC 26G.0209(c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered by law to prescribe drugs.

Review Guidelines: Review the service record and all medications taken by the individual. Ensure that there is a corresponding order completed for each medication. Physicians, physician assistants, & nurse practitioners are the only licensed medical professionals permitted to prescribe drugs. An order is required for any medication whether prescription or non-prescription medication, to be administered to a service recipient. (**Note:** *Electronic order from the pharmacy is acceptable. Electronic orders must be current.*)

10. **Review Item:** The individual's physician has authorized the individual to self-administer medications. 10A NCAC 27G .0209 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. 10A NCAC 13B .1917(b)(c) Self-administration of medications shall be permitted only if prescribed by a physician and directions are printed on the container.

Review Guidelines: Review service records of individuals who are prescribed medication. An individual is not permitted to self-administer medication, including over-the-counter medication, without a physician's approval. If an individual self-administers medications, there must be a corresponding order in the service record for each medication self-administered and a signed note by a physician to indicate that the individual can administer the medication without assistance. Directions must be printed on all containers of self-administered medications. **Self-administration means that the individual initiates the medication time, obtains the medication, obtains the appropriate dosage of medication, takes the medication without staff assistance and documents administration of the meds if required.** **Note:** *Each medication that a consumer can self administer must have a corresponding order. Please note requirements underlined above for self-administration.*

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13. Review Item: Each individual administering medications has been trained by licensed medical personnel. 10A NCAC 27G .0209(c)(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.

Review Guidelines: **List all the staff that administers medications.** Review staff medication administration training. Ensure that **each person** administering medications **has** received training in medication administration by an appropriately licensed medical professional -- a physician, a pharmacist, a nurse practitioner, a physician assistant, or a registered nurse. **No other licensed or qualified professionals are qualified to provide medication administration training.** Medication administration training cannot be provided by other practitioners except as noted above or under a train-the-trainers model.

14. Review Item: Non-prescription over-the-counter drugs retain the manufacturer's label with expiration dates clearly visible and have not expired. 10A NCAC 27G .0209(b) (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible.

Review Guidelines: Review all non-prescription drugs/over-the-counter medications to ensure that the manufacturer's label is retained; expiration date is clearly visible; and medications have not expired. Enter the number of non-prescription medications as number of possible items. *Note: Providers need to ensure that over the counter meds have not expired.*

21. Review Item: Safeguards are used when an individual is taking antipsychotic medications and/or controlled substances. 10A NCAC 27D .0101 (b)(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given

Review Guidelines: This item is based on a record review of individuals who have been prescribed antipsychotic medications and/or controlled substances. Review the safeguards that are in place according to the provider's policies and procedures and the implementation of the same. There is documentation that procedures and safeguards are instituted by the agency when a medication that is known to present a serious risk is prescribed. There is documentation that the Controlled Substance Registration website was accessed prior to prescribing controlled substances (initially, then annually or PRN at the physician's discretion). If individuals are prescribed antipsychotic medication, there is documentation that the following assessments are done when the individual was first prescribed the antipsychotic, at six months and annually thereafter: the individual's weight (BMI) and blood pressure, and a discussion of smoking cessation strategies. An abnormal involuntary movement scale (AIMS) psychiatric assessment is required every 12 months. *Note: Doctor's can review and initial or document in a progress notes that Controlled Substance Registration website was accessed. Expectation is on the agency to provide evidence to reviewer that the agency and all care providers (as applicable) are complying with this standard.*

23. Review Item: For each service recipient receiving medication, the service recipient/legally responsible party shall receive education regarding the medication prescribed. All instances of medication education are documented by staff. 10A NCAC 27G .0209 (g) 1-3 (1) Each client started or maintained on a medication by a . . . physician shall receive either oral or written education regarding the prescribed medication by the physician or their designee. In instances where the ability of the client to understand the education is questionable, a responsible person shall be provided either oral or written instructions on behalf of the client. (2) The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication and to encourage compliance with the prescribed regimen. (3) The area program physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided (either orally or written or both) and to whom (client or responsible person).

Review Guidelines: Medication education should be provided to the individual/LRP for any medication prescribed. The education can be provided by the doctor or by reviewing with the individual/LRP the patient education material obtained from the pharmacy. Review documentation of service recipient/LRP medication education. Education can be documented in the record. Evidence of medication education should be recorded for each medication prescribed. There should be documentation for each of the medications prescribed. *Note: If education is provided by the agency from the patient education material obtained from the pharmacy, this should be documented in a progress note in the consumer record.*

24. Review Item: There is documentation in the service record that the individual consented to comply with the prescribed medication regimen as evidenced by the individual's signature on the service plan, which includes a medication management goal and/or by documentation by the prescribing physician in a progress note that the individual consented to treatment after having received medication education. 10A NCAC 27G.0205(a)(d)(6) The plan shall include: written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained or 10A NCAC 27G.0209(g)(3) Medication Education. The area program physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided (either orally or written or both) and to whom (client or responsible person).

Review Guidelines: Review the individual's service plan and/or the physician's progress note on the date the medication was prescribed to determine if consent for treatment was given. The signature of the individual/LRP on the service plan which identifies medication management as a treatment goal is evidence of the individual's consent to comply with the medication regimen prescribed by the physician. A statement by the physician in a progress note that the individual was in agreement with following the prescribed regimen after having been provided with medication education is also evidence of consent to treatment. *Note: Whenever there is a change in medication (Antipsychotic Only), a written consent must be obtained each time. The provider should request a copy of the written consent from the prescribing physician. Please also note, per recent information from DHHS, the underlined portion of this guideline is not adequate evidence and will be deleted from the guide in an upcoming revision of the tool.*

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Health, Safety, and Compliance Review Tool Guidelines

7. Review Item: Evidence that meals/food/water are available and provided based on staff and/or report of individuals served. 10A NCAC 27G .0208 (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.

Review Guideline: Menus/source of dietary planning or guidance to staff reviewed. There is a variety of foods offered to individuals and options available to meet cultural/religious needs. Children's meals contain all major nutritional groups daily (dairy, bread, protein, vegetables...) Menus reflect special dietary needs of individuals such as diabetes, food allergies, weight loss/gain needs. Ex. Reference - keepkidshealth.com: Recommended food pyramid for adolescents: (6-17): fats, oils and sweets - use sparingly; milk, yogurt and cheese - 2-3 servings; meat, poultry, fish, dry beans, eggs, and nuts - 2-3 servings; vegetable - 3-5 servings; fruit - 2-4 servings; bread, cereal, pasta, rice - 6-11 servings. **Emergency supply of food is available up to 3 days worth. Emergency supply of water is available up to 3 days worth.**

8. Review Item: Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet physical needs of the individual. 10A NCAC 27G .0201(14) transportation, including the accessibility of emergency information for a client. 10A NCAC 27G .0208 (d) (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.

Review Guidelines: Procedure/plan for transportation of individuals to include how emergency information will be maintained on individuals, if they are transported on a consistent basis. **Review the schedule/verification of vehicle maintenance and inspection. Vehicle is equipped to meet needs of individuals served.** (ex. Ramps, rails, specialized seating,...). *Note: Maintenance and inspection records will need to be provided during the review.*

Health and Safety Review Tool For Unlicensed AFL Facilities Guidelines

4. Review Item: Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet the physical needs of the individual. 10A NCAC 27G .0201(14) transportation, including the accessibility of emergency information for a client. 10A NCAC 27G .0208 (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.

Review Guidelines: Review procedure/plan for transportation of individuals to include how emergency information will be maintained on individuals, if they are transported on a consistent basis. **Review schedule/verification of vehicle maintenance and inspection. Vehicle is equipped to meet needs of individuals served.** (ex. Ramps, rails, specialized seating,...).

12. Review Item: Back-up staffing plan for caregiver illness/emergency (NC Innovations Technical Guide, Chapter 4, page 8.)

Review Guidelines: Required for individuals receiving NC Innovation Services. Provider has a back-up staffing plan in place for emergency situations, caregiver illness, etc. *NOTE: All Training Items for Questions 13 through 18 on this tool require file/documentation of back-up staff for the consumer as well. This information will need to be made available during the monitoring review.*

Post Payment Review Tool for Providers (All Tools) Guidelines

15: Review Item: Is there an individualized supervision plan in place for paraprofessional and/or associate professional staff? CCP 8A, p. 5: 5.3. 10A NCAC 27G.0203 and .0204.

Review Guidelines: Individualized supervision plans are required by rule for paraprofessionals and associate professionals and by some service definitions for additional staff. **Supervision plans must be reviewed annually.** Some service definitions do not require a supervision plan, for example: MST service definition requires supervision but does not specify a plan is needed for the 4 QP staff on the team. Check the service definition. Rate this question N/A for these services. *Note: New item is the requirement for annual review of the supervision plan.*

Post Payment Review Tool for Innovations Waiver Service Providers Guidelines

(The MCO will hold providers harmless for this new item during the initial Gold Star Monitoring Reviews. The highest level action that will be taken during the initial review will be a POC.)

10. Review Item: Does the documentation in the quarterly summary reflect the individual's progress toward the short- range goals and the long-range projections listed in the ISP?

Review Guidelines: • Only applies to the following Innovation Services: Community Networking; Day Supports, In-Home Skill Building, Intensive In Home Supports, Personal Care, Residential Supports, Supported Employment

- The quarterly progress summary must address/contain the following: The goals reflected in the current Individual Support Plan Progress toward goals Recommendations for continuation, revision or termination of an outcome Signature of the individual who completed the review
- Determine the dates associated with the quarterly reviews. They are based on the ISP year. For example, if the implementation date of the ISP is 12/1/12, the first quarter dates are 12/1/12 to 2/28/13, the second quarter is 3/1/13 to 5/31/13 and the third quarter would be 6/1/13 to 8/31/13.
- Look for the quarterly note that would have been written after the date of service being reviewed. If the quarterly note covering the review date is not due, look for the note from the previous quarter. If there is no previous quarter (i.e. the ISP was just implemented), rate this question NA
- The Qualified Professional or other designated staff (one of whom directly provided the service during the quarter being summarized) is responsible for gathering all relevant information from the other staff on the team and writing and signing the note.
- All noted elements must be in compliance in order to rate this question "Met"